tumors of the pituitary body have been reported in which no signs of either gigantism or acromegaly could be noted. It is very probable that in these cases some portion of the gland was left unchanged and normal secretion continued. It must be remembered that in all of the examined cases of acromegaly an enlargement of the thyroid existed. This may have been due to a compensatory enlargement with the intention on Nature's part, as it were, of making up for the perverted pituitary secretion. It may, however, have some direct connection with the acromegaly. There are two parts, as will be remembered, to the pituitary body; the hypophysis cerebri and the infundibulum. This latter portion has some connection with the maintenance of the proper constitution of the blood. Howells has noted that it is affected in such diseases as scurvy and in other severe blood dyscrasiæ.

Under the administration of pituitary-gland substance certain of the symptoms of acromegaly are often relieved. The intense earache which occurs so often has been known to disappear. The very severe headache so characteristic of the disease may be greatly relieved. There is a certain fulness of the lips and hands, which may become less while pituitary substance is being taken. This may return after use of pituitary gland is discontinued. Suprarenal-gland material does not raise blood-pressure when it is taken by the stomach, or even when it is administered subcutaneously. It must be put directly into the blood stream by intravenous administration. In this matter a great deal has been said that will undoubtedly injure the cause of suprarenal therapeutics eventually by causing disappointment in the mind of those who trust to the statements of overzealous enthusiasts.

JELLIFFE.

GIGANTISME, ACROMÉGALIE ET DIABÈTE. (Gigantism, Acromegaly and Diabetes.) C. ACHARD and M. LOEPER (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 4. July-August, 1900. p. 398).

A case of acromegaly complicated by diabetes. The measurements of the various parts of the body are tabulated and photographs of the case give an excellent idea of the size of the man. Interesting in this case is the discussion of the relation of gigantism and acromegaly. The symptoms of acromegaly are not marked in this case, the ocular symptoms, the headache, point to an absence of the usual symptoms due to an involvement of the pituitary body. Brissaud believes that acromegaly and gigantism are one and the same disease, the development of which at the period of growth causes gigantism, and afterward causes acromegaly. The condition of glycosuria has been noted before in these cases, sometimes in the form of a simple alimentary glycosuria. The great oscillations in the quantity of sugar is noted in the case, changing in twenty-four hours from 386 to 4 grams.

SCHWAB.

HYSTÉRIE ET GOITRE EXOPHTHALMIQUE ALTERNES (Hysteria and Exophthalmic Goitre Alternating). C. FÉRÉ (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 5, September-October, 1900, p. 494).

A case in which hysteria and exophthalmic goitre are found together, the chief interest of which is rather in the alternation of the localization of the two syndromes than their mere coincidence. The hysterical stigmata predominate on the left, the symptoms of Graves' disease on the right. Beclere has formulated the following theory in regard to hysteria and goitre: the syndrome of Basedow is recognized very often as a primary cause of hysteria; the hypersecretion of the thyroid gland is one of the manifestations of hysteria in the same way as the hypersecretion of other glandular organs. But the hypersecretion produces an auto-intoxication, which, like alcohol and lead, produce new hysterical symptoms. Thus it can be said that Basedow's disease is at the same time the cause and the effect of hysteria.

The case briefly: A woman, forty-nine years old, neuropathic history, various hysterical manifestations in past life, some following psychical shock of one kind or another, presents hemianesthesia on the left, more marked in the upper extremity than in the lower. All the special senses on the left side are affected, smell, vision, hearing and taste. The left eye shows visual field much contracted. Other subjective symptoms of a hysterical nature are found. On the right side alone there is a well-marked exophthalmos. The pupil is more dilated than on the left. The symptoms of Moebius, Graefe and Stelwagon were present on the right. The thyroid gland appeared normal on both sides. Pulse 96 at rest, 120 on movement, small and regular in character. A fine regular hand tremor, more marked on the right. A further interesting point in the case is that a daughter of this patient, fourteen years old, suffers from hysterical symptoms similar to those found in the mother at the same age. SCHWAB.

UEBER STÖRUNGEN DER SENSIBILITÄT BEI MORBUS PARKINSONI (Disturbances in Cutaneous Sensibility in Parkinson's Disease). J. P. KARPLUS (Jahrbücher für Psychiatrie und Neurologie, 19, 2, 1900, p. 171).

The general conception of Parkinson's disease is that the group of symptoms peculiar to it are purely motor in character. Charcot and Gowers believed that the cutaneous sensibility was absolutely normal. Wollenburg, who has written the most recent monograph on the subject in the Nothnagel series, asserts that the sensibility is objectively not disturbed. The author of this article, from a series of cases observed by him and others collected from literature, has been able to collect fifteen cases in which a cutaneous disturbance was objectively present. He presents his conclusions from a study of this series as follows: There are cases of paralysis agitans in which disturbances of cutaneous sensibility are present, and it is possible to show that these disturbances are not the expression of an accidental complication, but belong primarily to the clinical picture of the disease. In the six cases studied by the author himself, the sensory disturbances were as follows: Case I. Hyperalgesia in left upper and lower extremities, the motor symptoms being more pronounced on the left than on the right. Case II. Hyperesthesia and hyperalgesia in the right upper extremity. The beginning and the development of the motor symptoms were found in this region. Case III. Very marked hyperalgesia in circumscribed regions of the left lower extremity. Motor symptoms most marked here. Hyperalgesia of the back and upper arm in places. Case IV. Hyperalgesia and hyperesthesia in right upper and lower extremities. Motor symptoms more pronounced on right than left. Case V. Hyperalgesia of the right shoulder. Motor symptoms especially pronounced in the right arm. Case VI. Hyperalgesia in both upper extremities, paresthesia in the same localities.

To be noted is this, that no sensory disturbances in the extremity were found in which motor symptoms were absent. In respect to subjective sensory disturbances the author found in a series of 103